

Name

in
FullElizabeth Bishop 62³

CERTIFICATE OF DEATH

Died at ^{Town} near Carmichael^{County} Queen Anne

MARYLAND

Date

of death 1907

Month

10

Day

24

Age

Years

Months

Days

15 months

Sex

Female

Color or
Race

white

Birth-
place

near Carmichael

Occupation

none

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Chas E. Bishop

Father's
Birthplace

2 A Co

Mother's
Maiden Name

Mary Caroline Valente

Mother's
Birthplace

2 A Co

Name of person giving
In formation

Chas E. Bishop

How related
to deceased

Father

CAUSES OF DEATH

157

Primary

Premature Birth

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

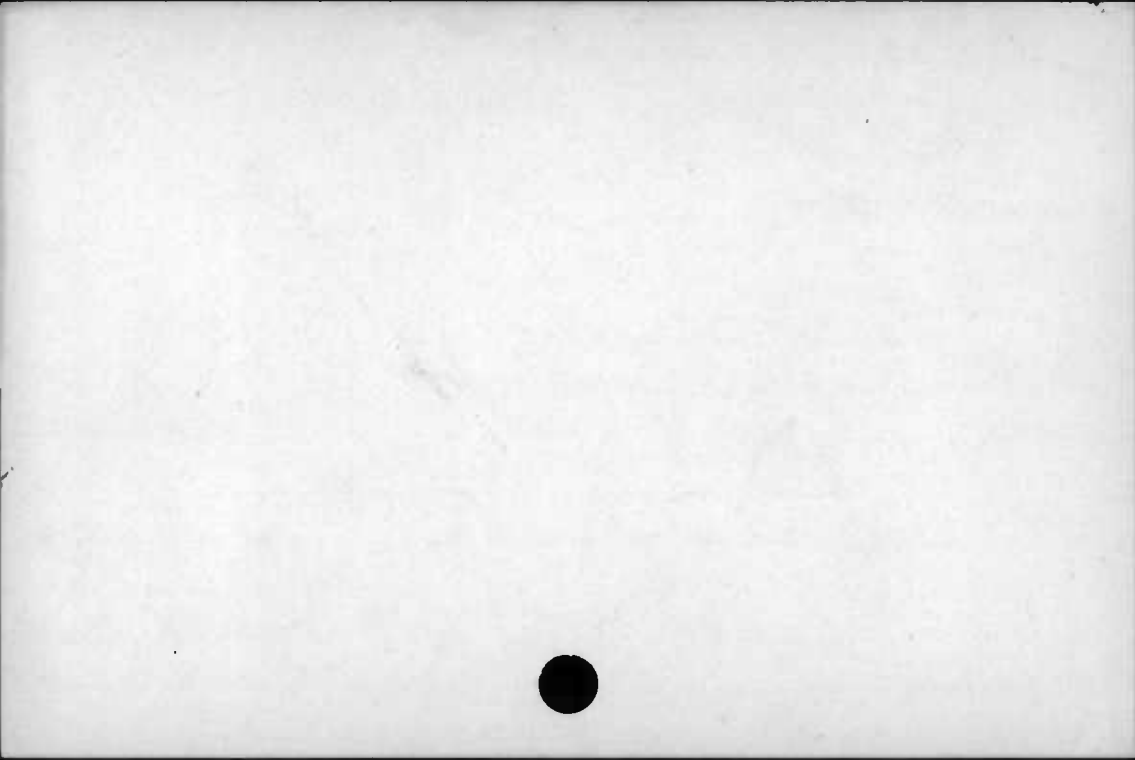
Signature of
Physician

Address

Accident or Suicide?

no

J. M. V. Kraus
Baltimore
2 A Co MDTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

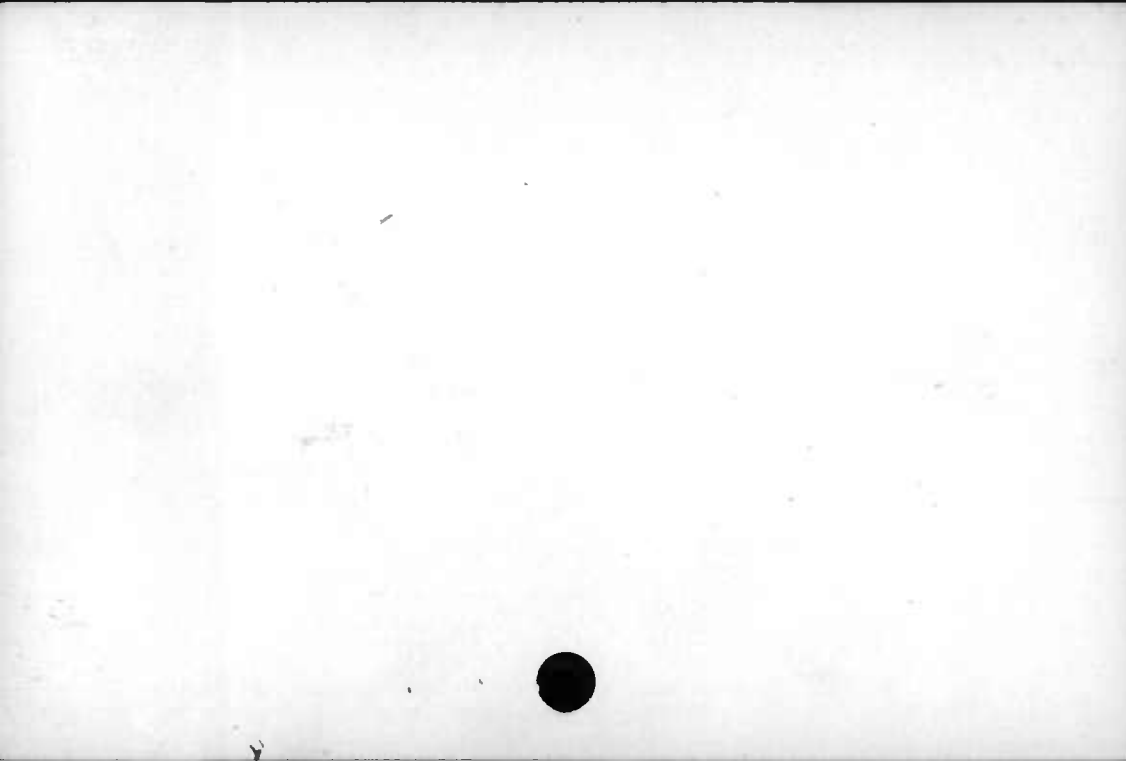
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Rosie May Bradley</i>		Town <i>Ingleside</i>		County <i>Queen Anne</i>		MARYLAND	
Died at <i>Ingleside</i>		Month <i>10</i>		Day <i>11</i>		Age <i>8</i>	
Date of death <i>1907</i>		Month <i>10</i>		Day <i>11</i>		Age <i>8</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Md-</i>			
Occupation <i>-</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Walter Bradley</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Maggie Glandings</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Maggie Bradley</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>3 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. R. Smith, M.D.</i>
	Address <i>Empire City</i>
Accident or Suicide?	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

William Henry Brooks

Died at *Ponds Corner* Town *Queen Anne's* County *MARYLAND*

Date of death *1907* Month *October* Day *22* Age *24* Years Months *8* Days *10*

Sex *Male* Color or Race *Black* Birth-place *Anneville Md*

Occupation *Team Laborer* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Matilda Brooks*

Father's Name *James L Brooks* Father's Birthplace *Cumpton Md*

Mother's Maiden Name *Julia Blake* Mother's Birthplace *Sudersville Md*

Name of person giving information *James L. Brooks* How related to deceased *Father*

CAUSES OF DEATH

27

Primary *Tuberculosis of Lungs & Intestines* How long *Nine Months*

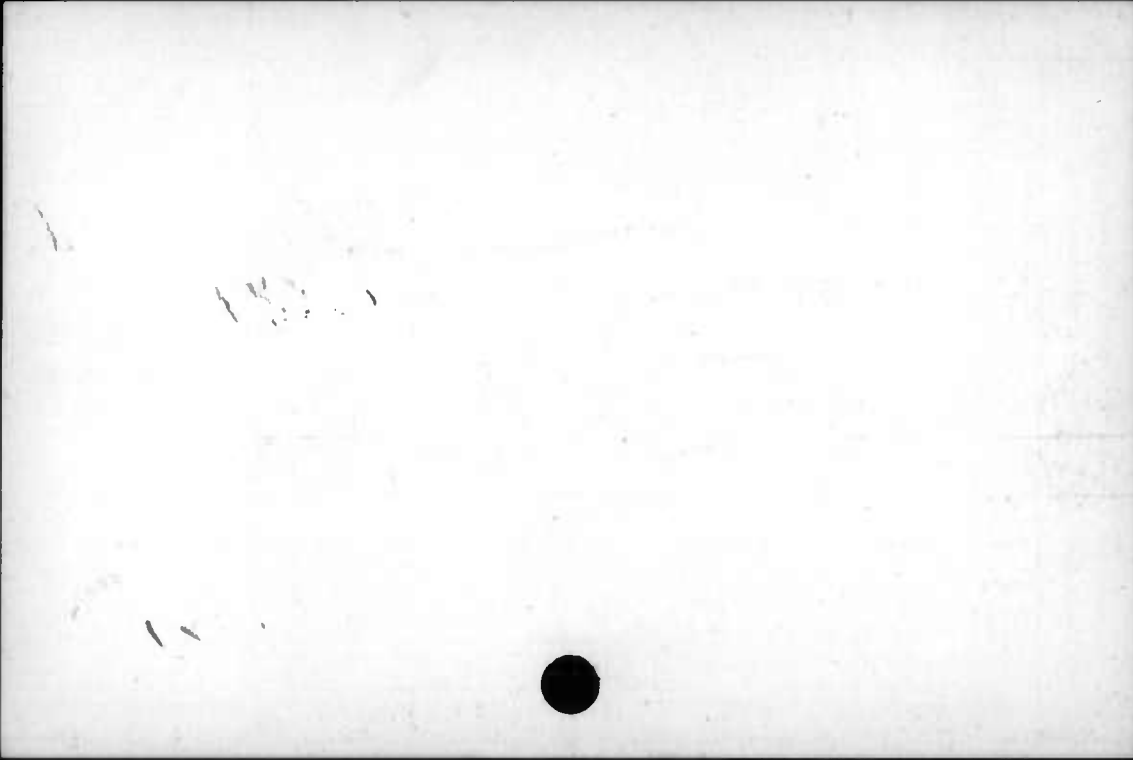
Immediate *Heart Failure* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Arthur E. Lander*

Address *Cumpton*

Accident or Suicide? *—*



Name
in
Full

Annul Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near</i> ^{Town} <i>Ingliside</i> ^{County} <i>J. Anner</i>		MARYLAND									
Date of death	1907	Month	10	Day	29	Age	Years	Months	11	Days	
Sex	<i>Girl</i>		Color or Race	<i>Black</i>		Birth-place	<i>Ind</i>				
Occupation						Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband								
Father's Name	<i>William Brown</i>					Father's Birthplace	<i>Not Known</i>				
Mother's Maiden Name	<i>Ann Brown</i>					Mother's Birthplace	<i>Ind</i>				
Name of person giving information	<i>Army Brown</i>					How related to deceased	<i>No Relation</i>				

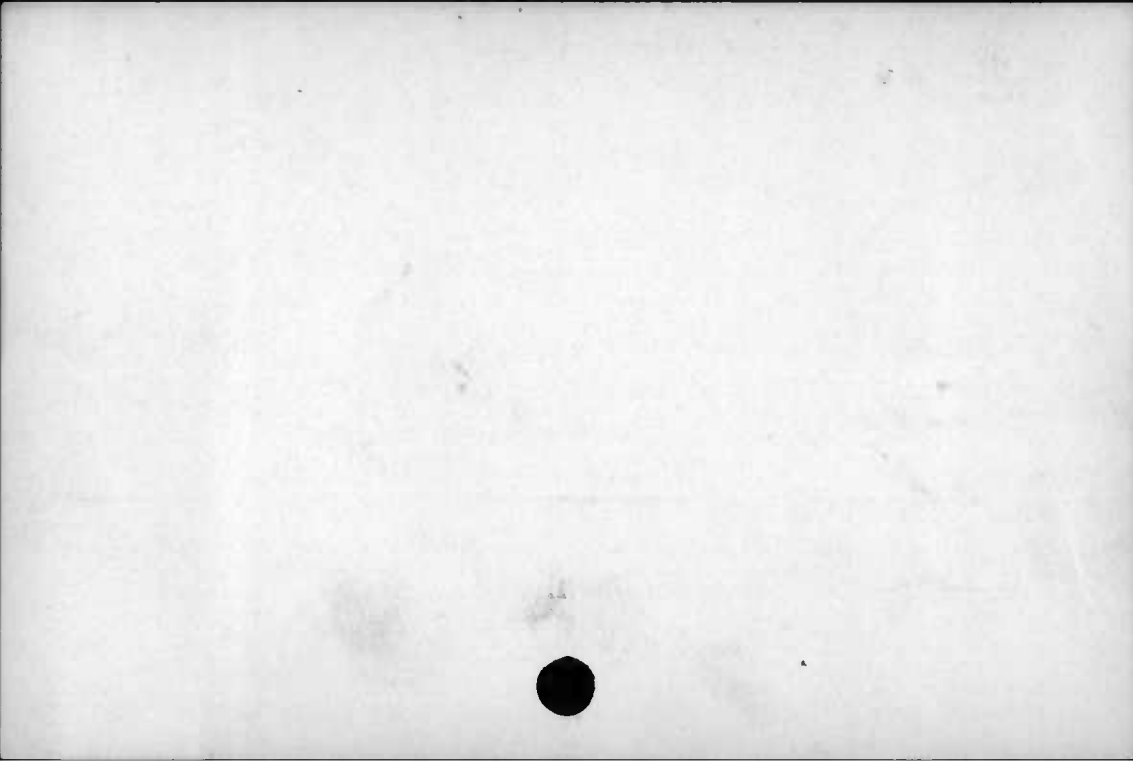
CAUSES OF DEATH

36

How long

PHYSICIAN
OR CORONER

Primary			How long	
Immediate	<i>Syphilis</i>		How long	<i>From birth</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Chas. Abraham</i>		
		Address		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

E. E. Brown
Died at *Antietam* *Antietam* County *MARYLAND*

Date of death | 1907 | Month | Oct | Day | 2 | Age | 2 | Months | 5 | Days | 3 |

Sex | *female* | Color or Race | *Blk* | Birth-place | *Germany*

Occupation | *house born* | Where Residing if not at place of death | *house born*

Married, Single or Widowed | *Single* | Name of Wife or Husband | *Mr. Blake*

Father's Name | *Tom Blake* | Father's Birthplace | *Germany*

Mother's Maiden Name | *Debbie Blake* | Mother's Birthplace | *Germany*

Name of person giving information | *Mr. Blake* | How related to deceased | *son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

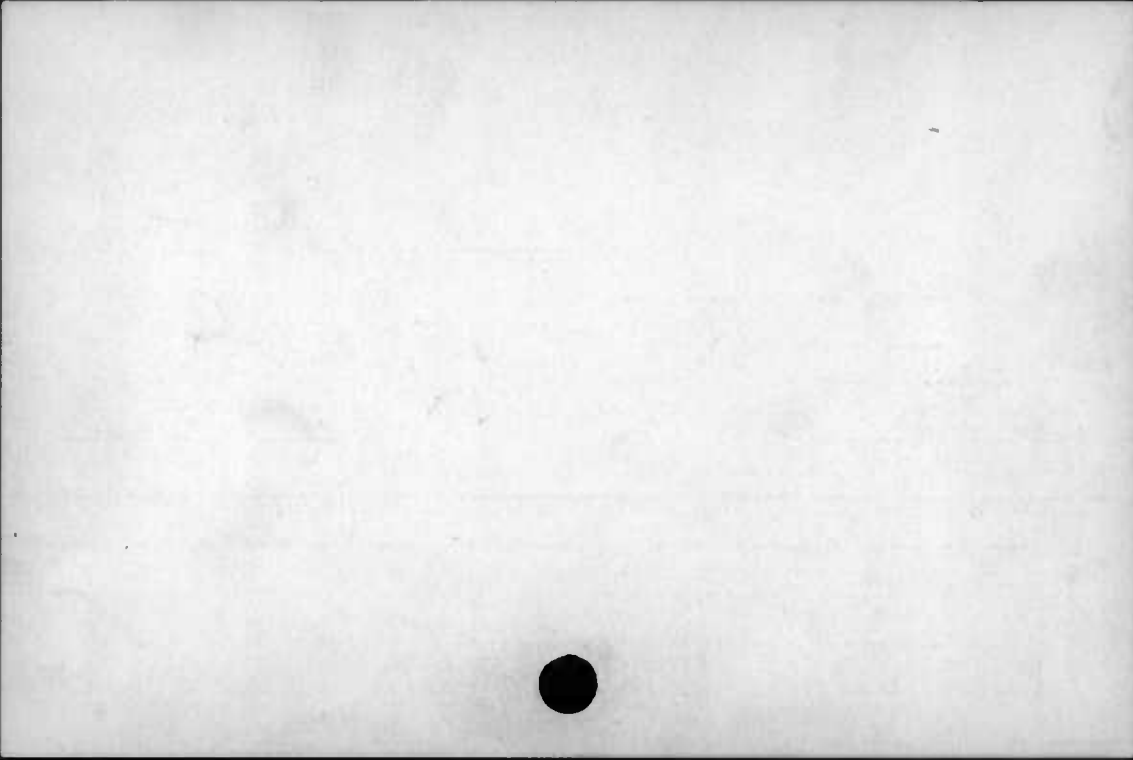
Primary | *Not say - only saw it was a death* | How long | *1 day*

Immediate | *marasmus* | How long | *1 day*

Are the name, age, sex, color, date and place correctly given above? | *yes* | Signature of Physician | *Dr. E. E. Brown*

Address | *Antietam*

Accident or Suicide? | *no*



Name
in
Full

Ester Cornelius Cann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

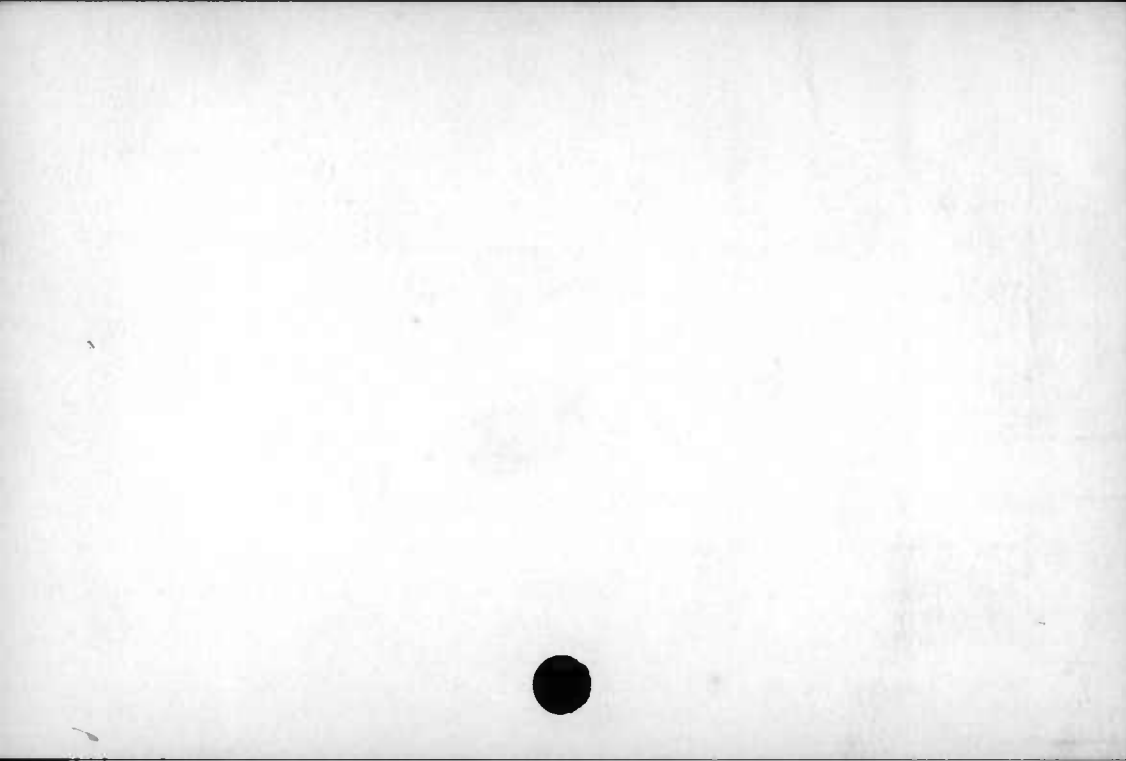
Died <i>near Centerville</i>		Town <i>Centerville</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death	1907	Month	Oct	Day	2	Age	—
Sex	Female		Color or Race	Colored		Birth place	R. A. Co., Md.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Harry Sherman Cann			Father's Birthplace	
Mother's Maiden Name			Matilda Green			Mother's Birthplace	
Name of person giving information			Father, H. Sherman Cann			How related to deceased	
						Father	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Enterocolitis	How long	Two months
Immediate	Exhaustion	How long	Six hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Rowland H. Ford	
Address		Queentown, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND			
Date of death		1907	Month	Oct	Day	9	Years	Months	Days
Sex		Male		Color or Race		White		Birth-place	
Occupation		Telegraph Operator		Where Residing if not at place of death		Kent D.			
Married, Single or Widowed		Single		Name of Wife or Husband					
Father's Name		R. F. Dadds		Father's Birthplace		Kent D.			
Mother's Maiden Name		Ella J. Thompson		Mother's Birthplace		Summystown			
Name of person giving information		R. F. Dadds		How related to deceased		Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long	3 weeks
Immediate	Exhaustion	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		C. Gray Kemp	
Address		Stevensville Md.	
Accident or Suicide?			



Name
in
Full

Nelson R. Dorem

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

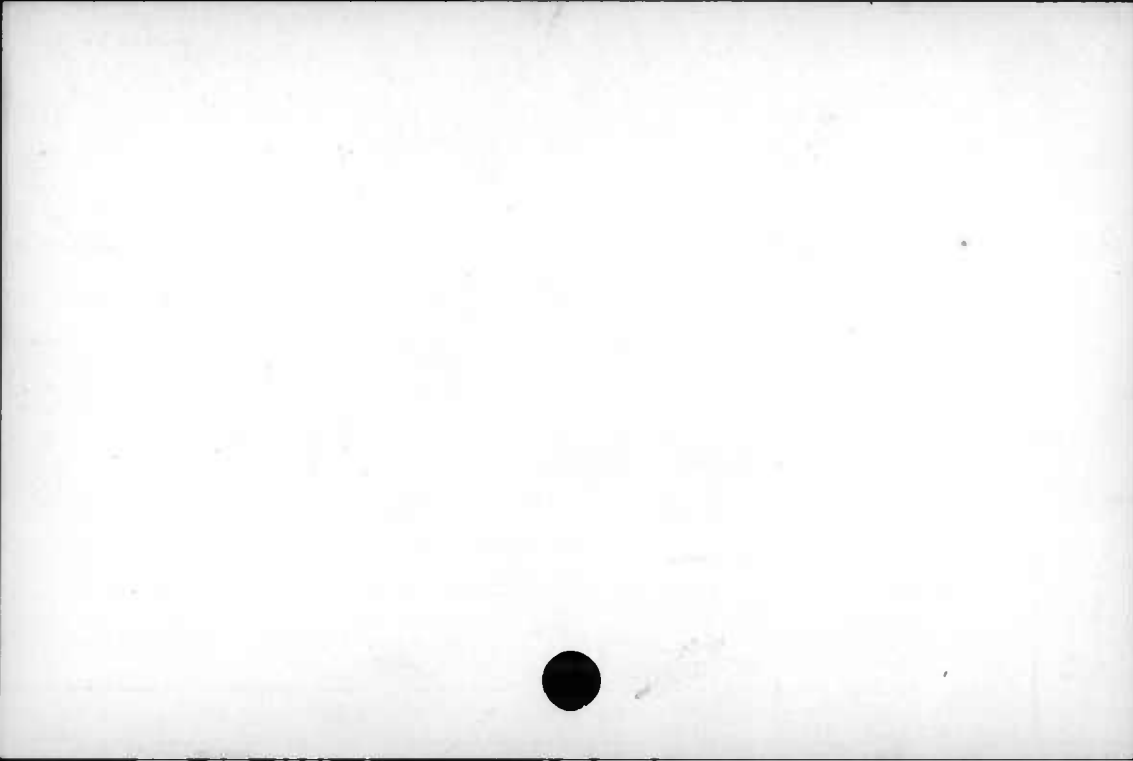
Died at ^{Town} Centreville		^{County} Queen Anne's		MARYLAND	
Date of death	1907	Month	Oct	Day	4
Age		Years		Months	one
Sex	Male	Color or Race	Black	Birth-place	Centreville
Occupation	none	Where Residing if not at place of death		Centreville	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Wm Dorem		Father's Birthplace	
Mother's Maiden Name		Tigya Emory		Mother's Birthplace	
Name of person giving information		Wm Dorem		How related to deceased	
				Father	

CAUSES OF DEATH

18

PHYSICIAN
OR CORONER

Primary	Whooping Cough	How long
Immediate	Choked to death by the Phlegm	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
No Physician		Address
Accident or Suicide?		Sub. Regstr
no		



Name
in
Full

Oscar Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Stevensville		County Dorchester		MARYLAND	
Date of death		Month Oct	Day 16	Age —	Years —	Months 7	Days —
Sex Male		Color or Race Caucasian		Birth-place Kent Maryland			
Occupation none		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name John Green		Father's Birthplace Dorchester					
Mother's Maiden Name Sarah Green		Mother's Birthplace Dorchester					
Name of person giving information my Green		How related to deceased Father					

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary	Intestinal Obstruction	How long 3 days
Immediate	Asthma	How long
Are the name, age, sex, color, date and place correctly given above?		yes
Signature of Physician		Wm. J. Henry
Address		Stevensville Md
Accident or Suicide?		no



Name
in
Full

George Edward Holley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

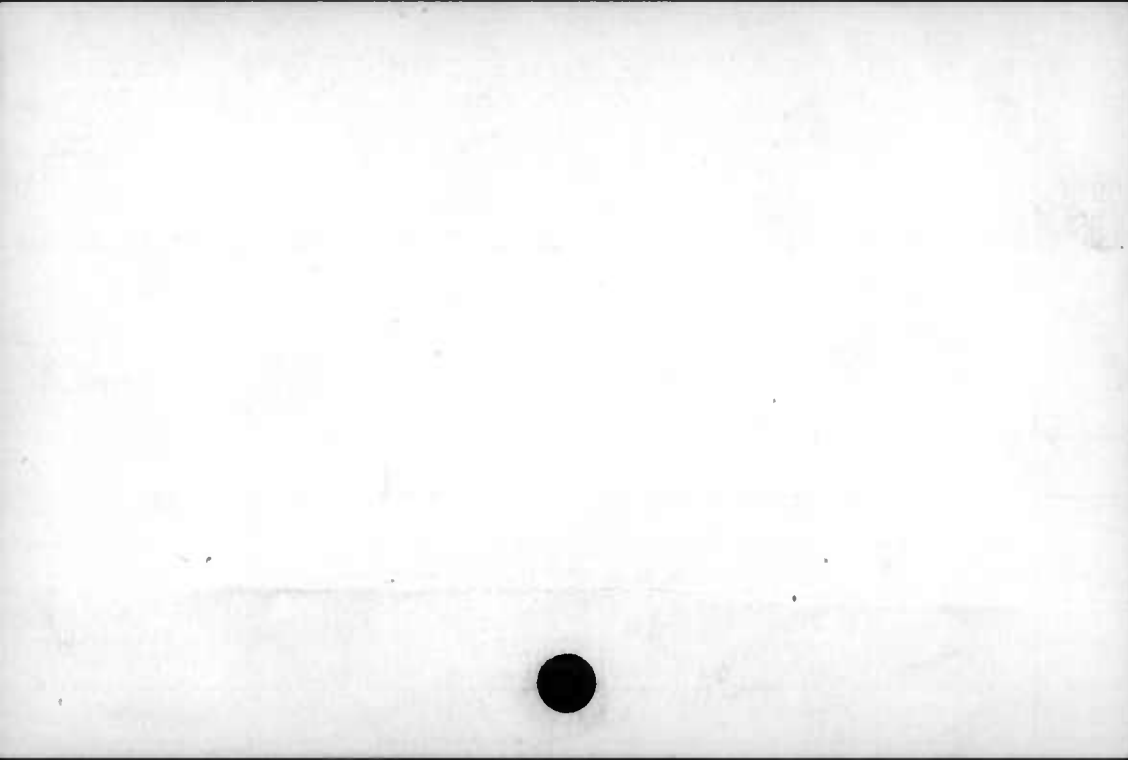
Died at <i>West Millington</i>		Town <i>West Millington</i>		County <i>Jackson</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>10</i>	Day <i>19</i>	Age <i>1</i>	Years	Months <i>3</i>	Days	
Sex <i>Male</i>	Color or rel Race		Birth-place <i>Md</i>				
Occupation <i>None</i>	Where Residing if not at place of death <i>Md</i>						
Married, Single or Widowed	Name of Wife or Husband <i>None</i>						
Father's Name <i>George Edward Holley</i>	Father's Birthplace <i>Unknown</i>						
Mother's Maiden Name <i>Florence</i>	Mother's Birthplace <i>Md</i>						
Name of person giving information <i>Wm J. Ginn</i>	How related to deceased <i>Grand Father</i>						

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary <i>Accident (supposed) to Mother</i>	How long <i>Dead when found</i>
Immediate <i>Broken Neck, result of fall</i>	How long <i>found</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Goetz Seader</i>
	Address <i>Seaderville Md</i>
Accident or Suicide? <i>Accident (Supposed)</i>	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

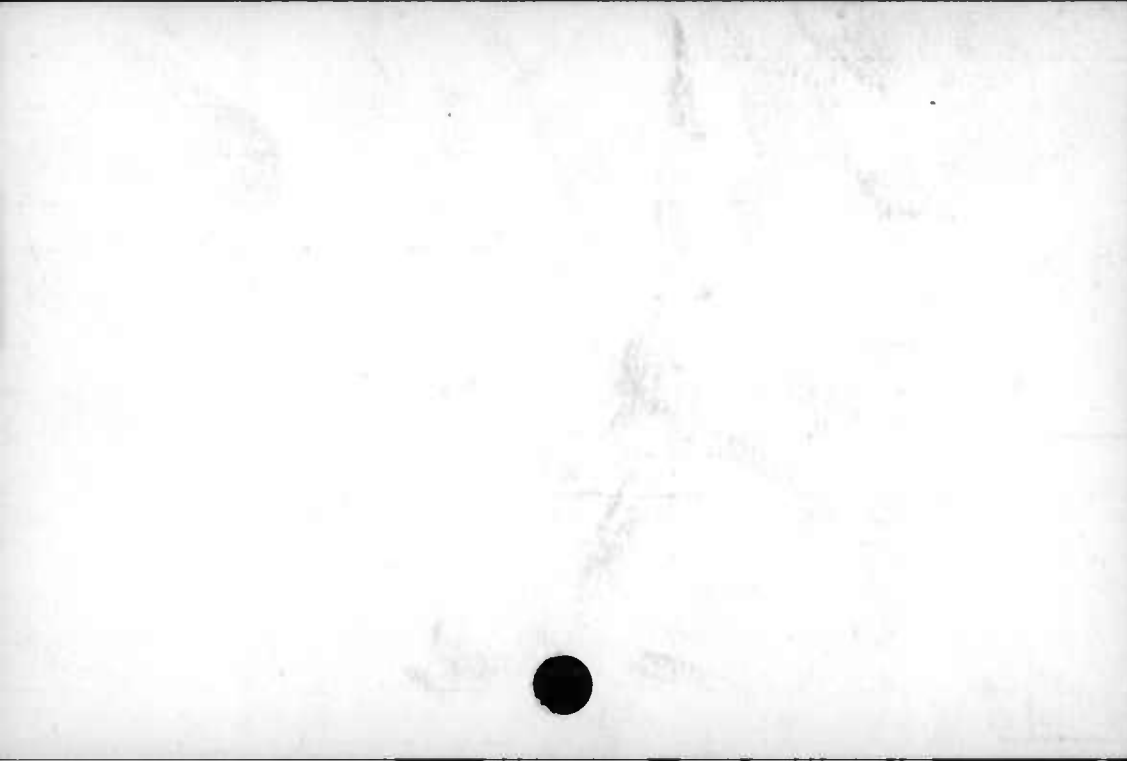
MARYLAND

Died at <i>Chester</i> ^{town}		County <i>Q. & A.</i>				
Date of death	1907	Month <i>Oct</i>	Day <i>7</i>	Age <i>19</i> Years	Months	Days
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Kent Isl Md</i>			
Occupation <i>Oysterman</i>	Where Residing if not at place of death <i>at father's</i>					
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband					
Father's Name <i>John Jobes</i>	Father's Birthplace <i>Kent Isl Md</i>					
Mother's Maiden Name <i>Carrie Meredith</i>	Mother's Birthplace <i>" " "</i>					
Name of person giving information <i>John Jobes</i>	How related to deceased <i>Father</i>					

CAUSES OF DEATH

Primary <i>Typhoid Fever</i>	How long <i>10 days</i>
Immediate <i>Meningitis</i>	How long <i>6 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Percy Kemp</i>
	Address <i>Stevensville Md</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

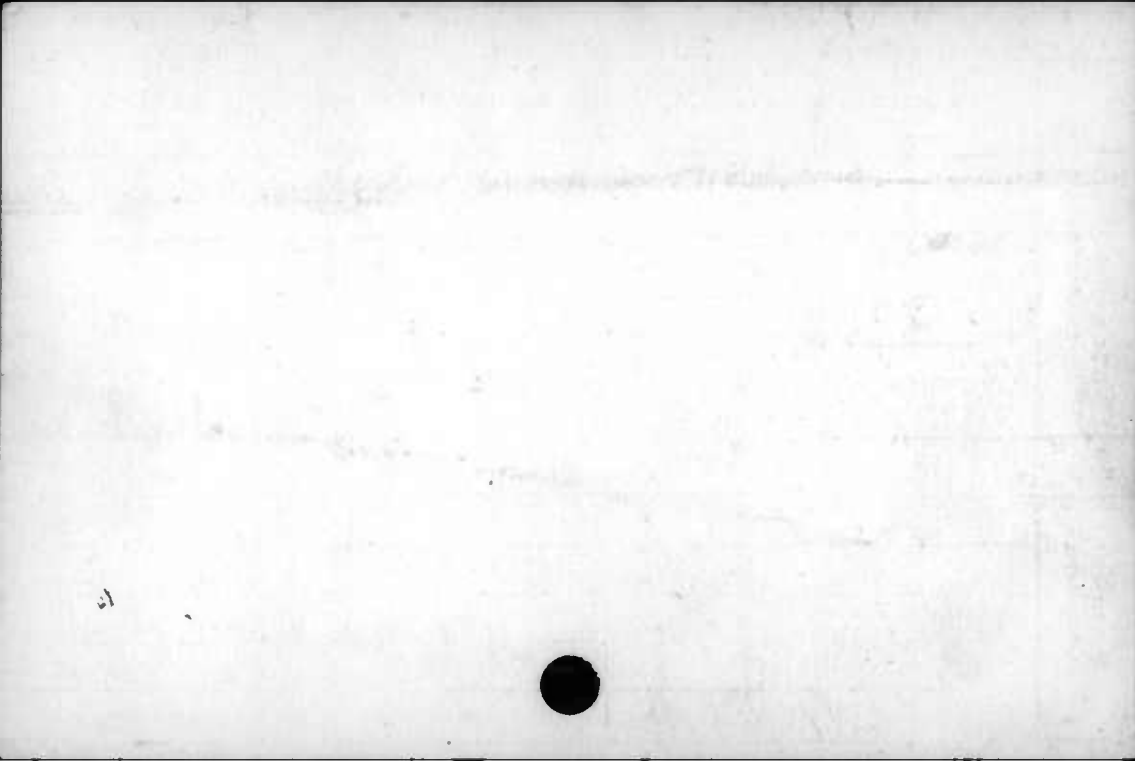
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Nelson Morgan</i>		Town <i>near Crumpton</i>		County <i>Dearborn</i>		STATE <i>MARYLAND</i>	
Died at <i>near Crumpton</i>		Month <i>Oct</i>		Day <i>9</i>		Years <i>62</i>	
Date of death <i>1907</i>		Month <i>Oct</i>		Day <i>9</i>		Years <i>62</i>	
Sex <i>Man</i>		Color or Race <i>White</i>		Birth-place <i>Williams</i>		<i>Delaware</i>	
Occupation <i>Labourer</i>		Where Residing if not at place of death <i>At home</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Harriet Morgan</i>					
Father's Name <i>Nelson Morgan</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Charlie Armstrong</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Lina Ford</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Alcoholic excess</i>	How long
Immediate <i>Asphyxia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Arthur E. Landeris M.D.</i>
	Address <i>Crumpton Md</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

Elizabeth J. Mowbray

CERTIFICATE OF DEATH

Died at *Seemsboro*

Town

2 a County

MARYLAND

Date
of death *1907*Month
*Oct*Day
4

Age

Years
88

Months

Days

Sex

*Female*Color or
Race*White*Birth-
place*Balt City*

Occupation

*Retired*Where Residing if not
at place of death*Seemsboro*~~Married~~, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Henry C. Mowbray*Father's
Birthplace*Balt City*Mother's
Maiden Name*Mary Askeu*Mother's
Birthplace*"*Name of person giving
In formation*J. S. Denny*How related
to deceased*Nephew*

CAUSES OF DEATH

106

Primary

Heart disease

How long

One week

Immediate

General debility

How long

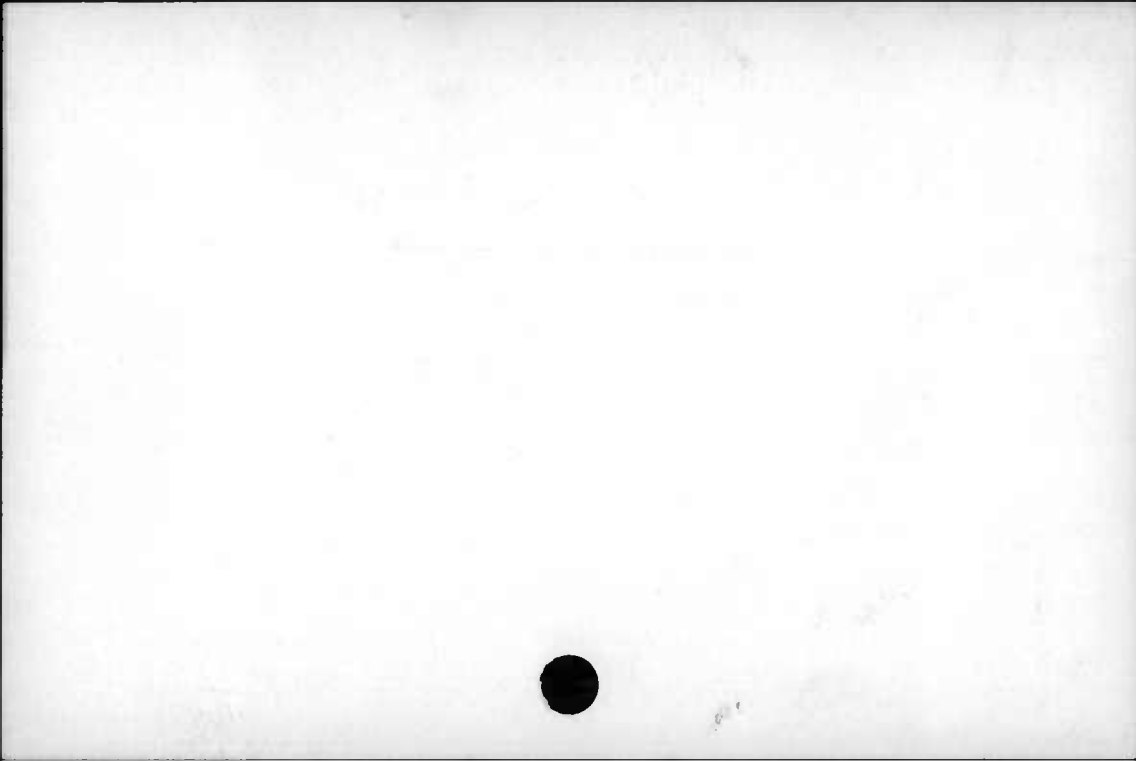
*Several months*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Howard R. Hopkins*

Address

*Seemsboro**MD.*

Accident or Suicide?

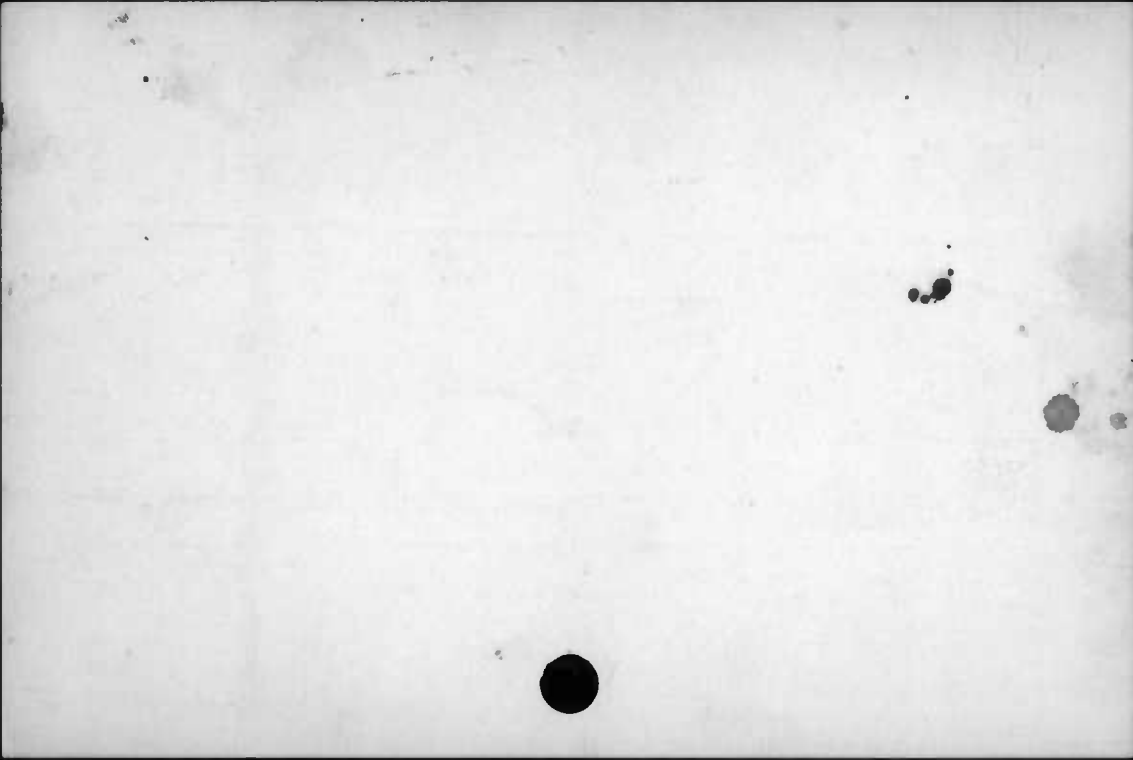
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



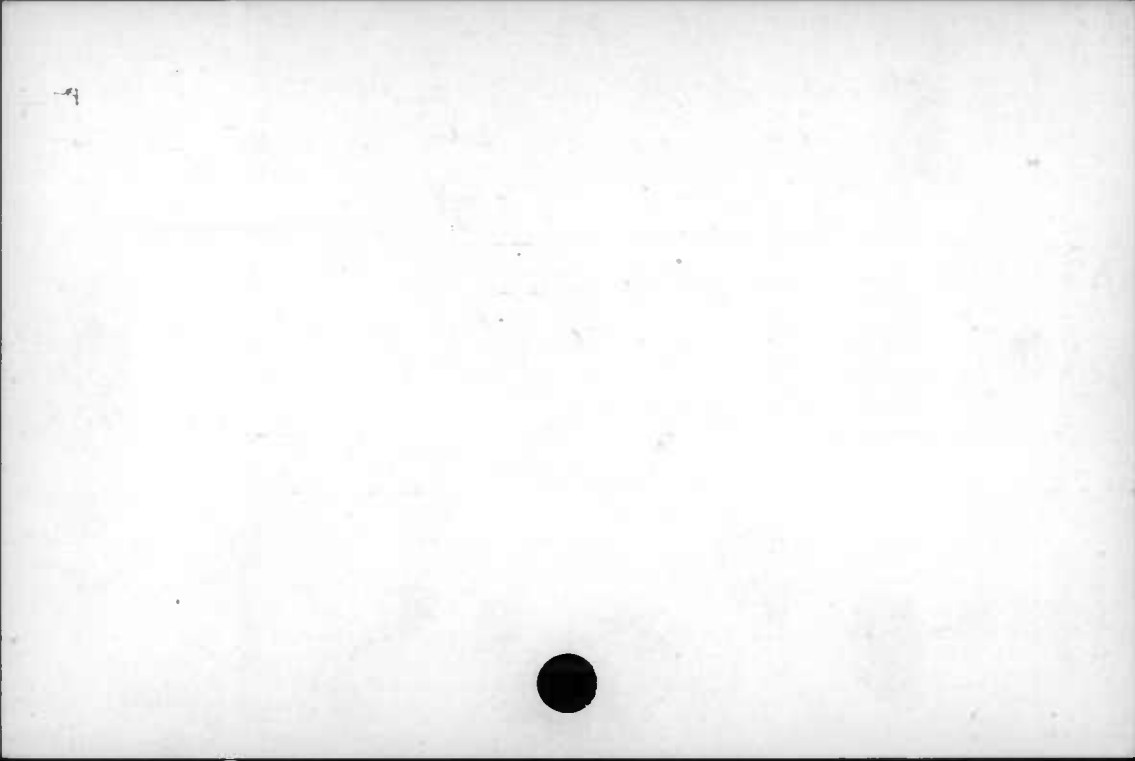
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

LIBRARY BUREAU A63516



Name in Full		Rachel Alberto Price				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Centerville		County Sumner		MARYLAND	
	Date of death	1907	Month 10	Day 17	Age 36	Years 5	Months 4
	Sex	Female		Color or Race	American		
	Occupation	House Wife		Where Residing if not at place of death	Sumner		
	Married, Single or Widowed	Married		Name of Wife or Husband	Howard E. Price		
	Father's Name	W. Kent-Sparks			Father's Birthplace	2. A. Co. Md	
	Mother's Maiden Name	Annies Eliza Richardson			Mother's Birthplace	2. A. Co. Md	
	Name of person giving information	H. E. Price			How related to deceased	Husband	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Capillary Bronchitis				How long	6 weeks
	Immediate	Pulmonary Edema				How long	1 day
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	M. S. Kraus	
					Address	Centerville 2. A. Co. Md.	
	Accident or Suicide?		no				



Name
in
Full

Ralph Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

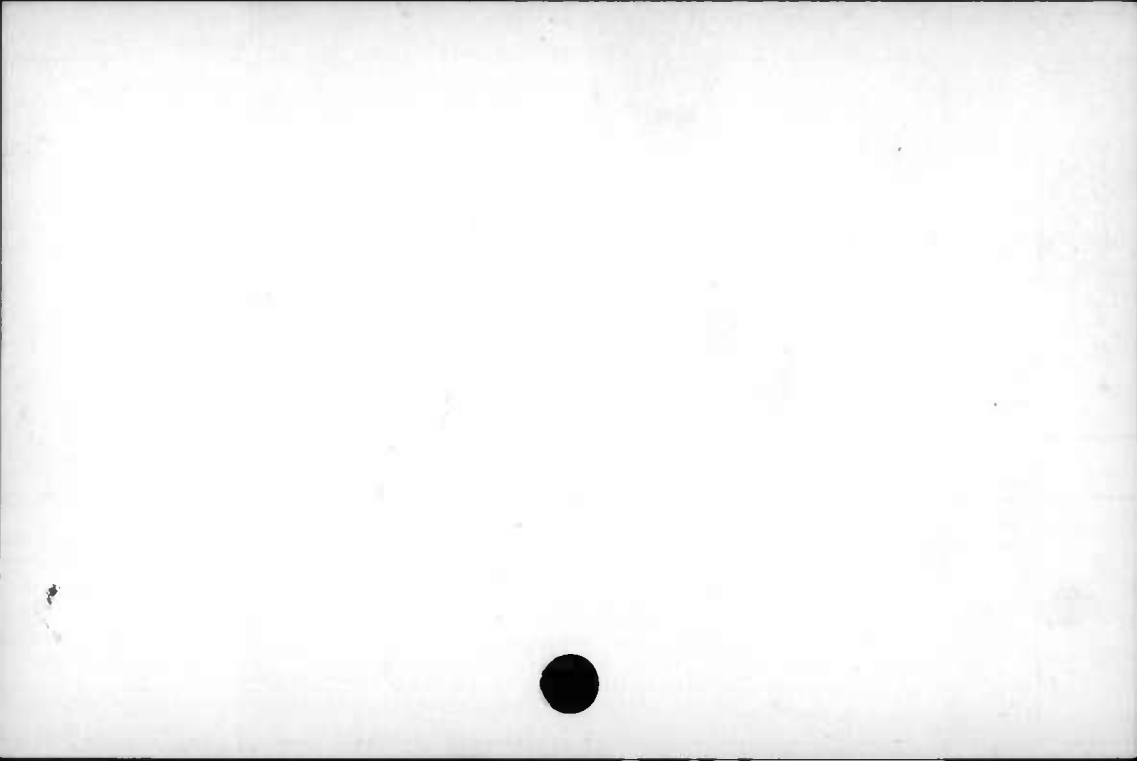
Died at <i>near Denton</i>		County <i>La Co</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Oct</i>	Day <i>6</i>	Age <i>1</i>	Months <i>3</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>La Co</i>		
Occupation _____			Where residing if not at place of death <i>near Denton</i>		
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <i>Chas R Price</i>			Father's Birthplace <i>La Co</i>		
Mother's Maiden Name <i>Agnes Rhoads</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Chas R Price</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>Since birth</i>
Immediate <i>Exhaustion</i>	How long <i>Six hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Pauline H. Ford</i>
	Address <i>Queenstown, Md</i>
Accident or Suicide?	



Name

in Full

Lavinia Virginia Drail

CERTIFICATE OF DEATH

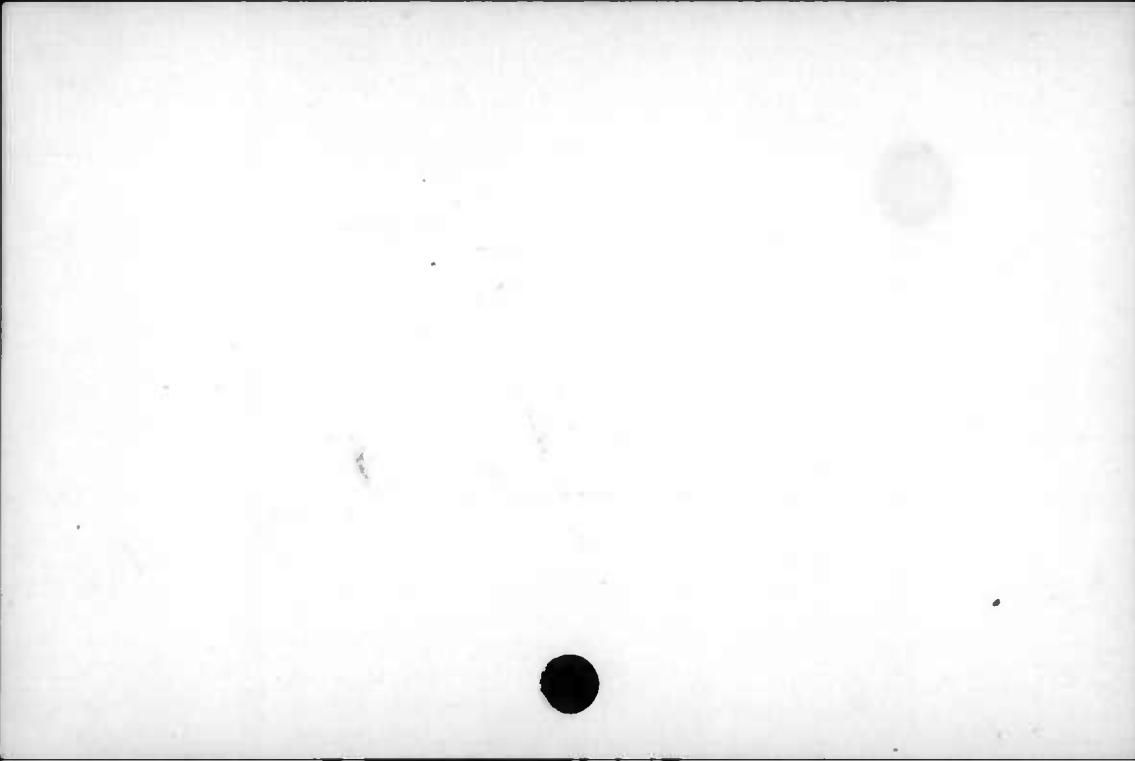
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fords</i> ^{Town}		<i>Queen Anne</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>Oct</i>	Day <i>17</i>	Years <i>27</i>	Months <i>2</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Kent Island</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John F Drail</i>				
Father's Name <i>John Thomas</i>			Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Sarah M. Jones</i>			Mother's Birthplace <i>Brockton Mass</i>		
Name of person giving information <i>Fannie Willson</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. S. Henry</i>
	Address <i>Stennisville Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Hayden</i> Town		<i>Queen Anne</i> County		MARYLAND	
Date of death	<i>1907</i> Year	<i>Oct</i> Month	<i>24</i> Day	Age <i>17</i> Years	<i>11</i> Months
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Ind.</i>		Days <i>24</i>	
Occupation <i>Housework</i>	Where Residing if not at place of death <i>at place of death</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Charles Mathews</i>	Father's Birthplace <i>Ind.</i>			Mother's Birthplace <i>Ind.</i>	
Mother's Maiden Name <i>Elizabeth Hicks</i>	How related to deceased <i>none</i>			Name of person giving information <i>John C. Sewell</i>	

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

Primary <i>Peritonitis</i>	How long <i>8 days</i>
Immediate <i>Perforation of bowels</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. G. Copepage</i>
	Address <i>Church Hill</i>
Accident or Suicide? <i>Ind.</i>	

Rosarium. Entry

Name
in
Full

John Spencer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town County Home		County 2 Anne		MARYLAND	
Date of death		1907	Month Oct	Day 15	Years Age 50	Months Oct	Days
Sex Male		Color or Race Negro		Birth- place 2 A Co Md			
Occupation Servant		Where Residing if not at place of death Centerville					
Married, Single or Widowed Yes Yes		Name of Wife or Husband dont know					
Father's Name Theodore Spencer		Father's Birthplace 2 A Co Md					
Mother's Maiden Name Eliza Spencer " Hines		Mother's Birthplace 2 A Co Md					
Name of person giving In formation Wm Hard		How related to deceased Cousin					

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary	Curiosis of liver	How long	1 Year
Immediate	Dropsy	How long	4 Months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. A. Holton M.D.	
		Address Centerville 2 A Co Md	
Accident or Suicide?		Neither	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

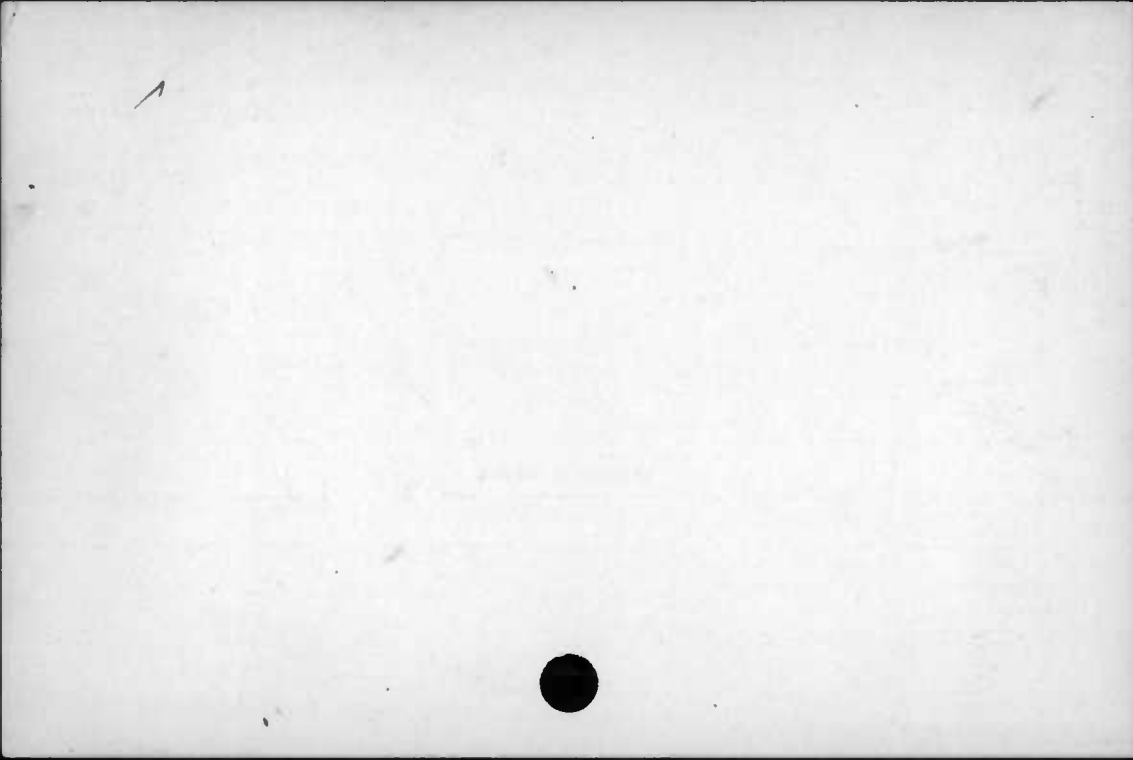
Died <i>near Barclay</i>		Town <i>Queen Anne's</i>		County <i>Turner</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Oct</i>		Day <i>14</i>		Age <i>4</i> Years <i>his</i> Months	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>near Barclay</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>at place of death</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Howard Turner</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Gessie Stephens</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Howard Turner</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Emaciation</i>		How long <i>4 hours</i>	
Immediate <i>Exhaustion</i>		How long <i>4 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. E. Copeage</i>	
		Address <i>Church Hill Ind</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Catharine Wells*
Church Hill Town*Queen Anne's Co* CountyDate
of death 190

7 October

29 Day

124r Age

Months

Days

Sex

*Female*Color or
Race*White*Birth-
place*Queen Anne's Co*

Occupation

*Student*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*John H. Wells*Father's
Birthplace*Queen Anne's Co*Mother's
Maiden Name*Ellen Bennett*Mother's
Birthplace*Queen Anne's Co*Name of person giving
information*Thomas Wells*How related
to deceased*brother*

CAUSES OF DEATH

27

Primary

Thrombosis Subarachnoid

How long

1 yr

Immediate

Exhaustion

How long

*1 hr*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

D. S. Dudley
Queen Anne's Co
Maryland

Accident or Suicide?

No

$$\begin{array}{r} 2 \overline{) 750} \\ \underline{375} \end{array}$$

Name
in
Full

Walls

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

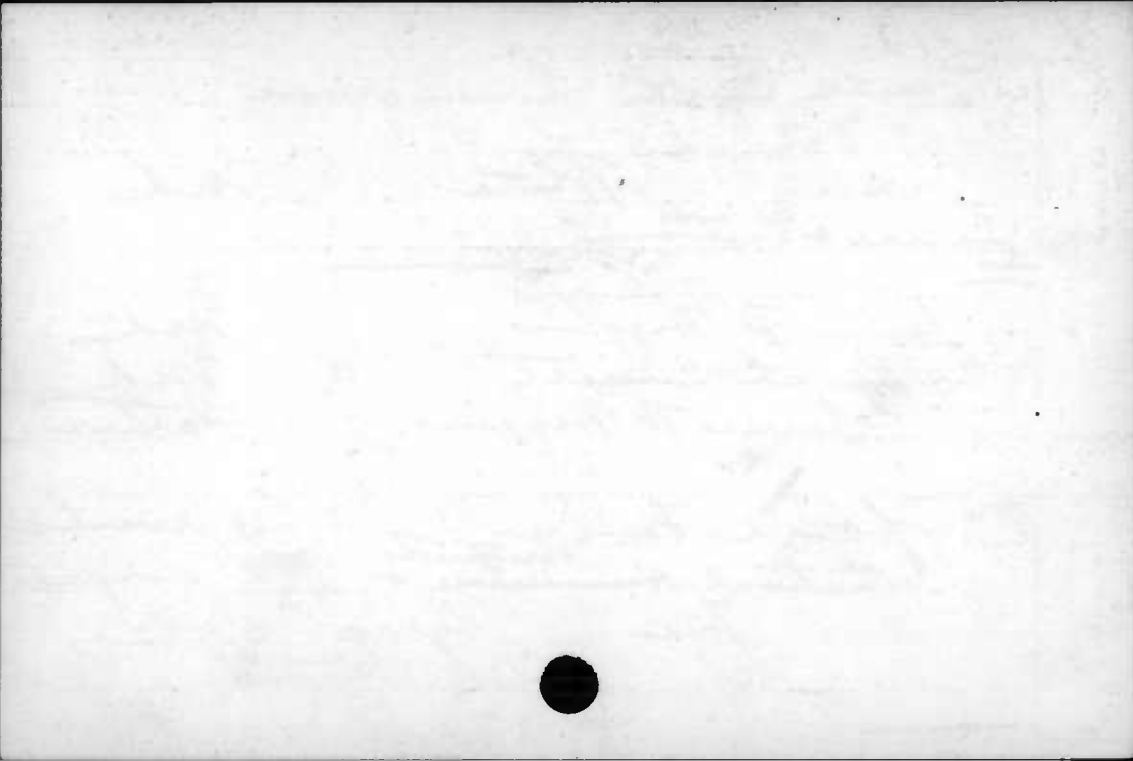
Died at <i>Wes. Sumpton</i> ^{Town}		<i>Jenn Anne</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>10</i>	Day <i>26</i>	Age <i>1 hour</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Mo.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Samuel Henry Walls</i>			Father's Birthplace <i>Mo.</i>		
Mother's Maiden Name <i>Ella V. Leagas</i>			Mother's Birthplace <i>Mo.</i>		
Name of person giving information <i>Samuel H. Walls</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary	<i>Mal Nutrition and Mal Formation</i>	How long	<i>One hour</i>
Immediate	<i>Weakness</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. J. S. Suckles</i>	
		Address <i>Suckersville Mo.</i>	
Accident or Suicide?			



Name
In
Full

Frank Wiggins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Double Creek* County *Queen Anne* MARYLAND

Died at

Date of death *1907 Oct. 25* Age *19* Months Days

Sex *Male* Color or Race *White* Birth-place *Md.*

Occupation *Sailor + Dyakman* Where Residing if not at place of death

~~Married, Single~~ Name of Wife or Husband

Father's Name *James W. Wiggins* Father's Birthplace *Md.*

Mother's Maiden Name *Sarah Everett* Mother's Birthplace *Md.*

Name of person giving information *James W. Wiggins* How related to deceased *Father.*

CAUSES OF DEATH

11

PHYSICIAN
OR CORONER

Primary *Typhoid Fever* How long *3 weeks*

Immediate *Peritonitis* How long *2 days*

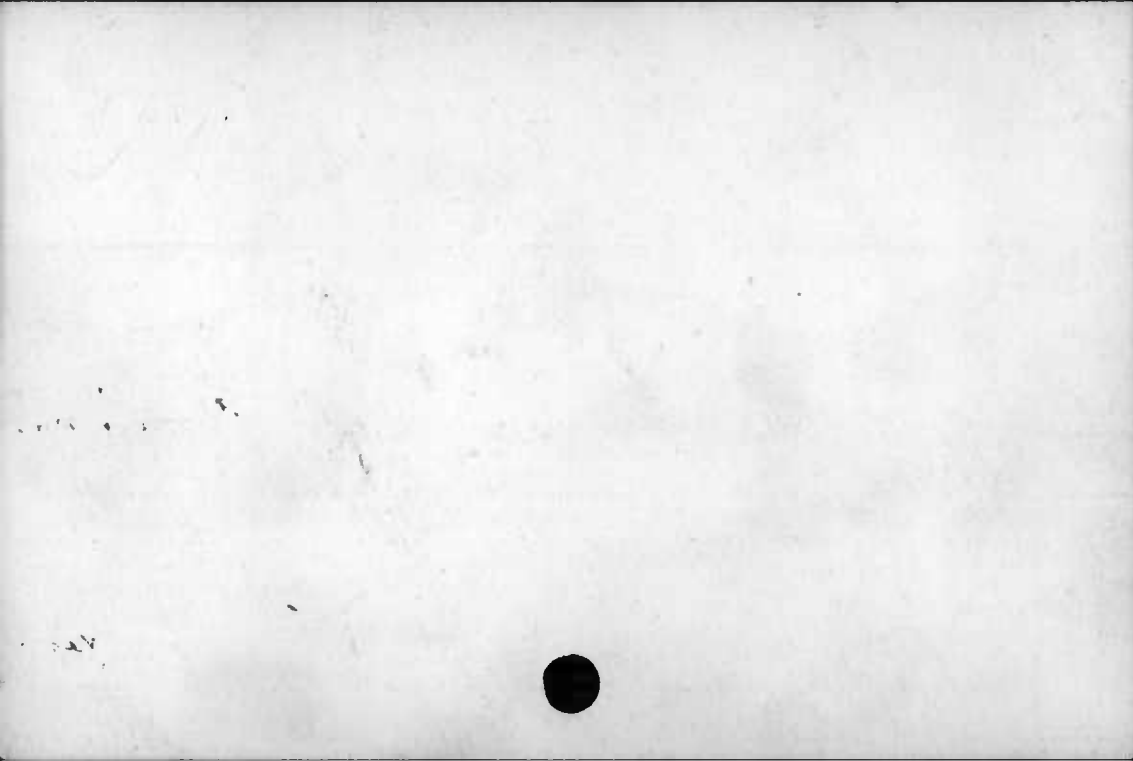
Intestinal Hemorrhage +

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Harry L. Dodge*

Address *Chestertown, Md.*

~~Accident or Suicide?~~



Name
in
Full

Leon Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Goultown</u> <small>Town</small>		<u>Queen Annes</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u>	Month <u>10</u>	Day <u>18</u>	Age	Years <u>7</u> Months <u>7</u> Days <u>—</u>
Sex	<u>Male</u>	Color or Race	<u>Negro</u>	Birth-place	<u>Goultown</u>
Occupation	_____		Where Residing if not at place of death _____		
Married, Single or Widowed	_____		Name of Wife or Husband _____		
Father's Name	<u>W. J. Wilson</u>			Father's Birthplace	<u>Lalbot - Co. Md</u>
Mother's Maiden Name	<u>Susie Hawkins</u>			Mother's Birthplace	<u>Queen Anns Co</u>
Name of person giving Information	<u>W. J. Wilson</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	How long _____
Immediate <u>Marasmus</u>	How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. Woodford S. B.</u>
	Address <u>Centerville</u>
Accident or Suicide? <u>•</u>	<u>Dr. J.</u>



Name
in
Full

Les W. Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

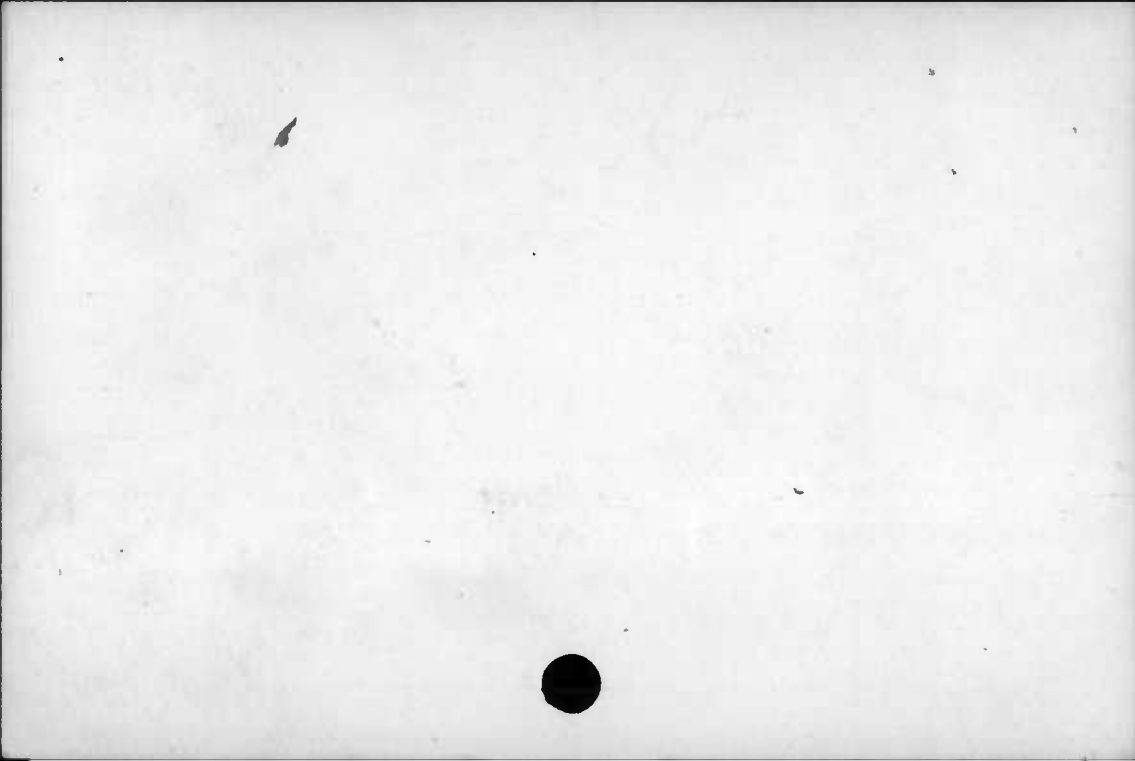
Died at <i>near Bridgeport</i>		Town <i>Queen Anne's</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>Oct.</i>	Day <i>4</i>	Age	Years	Months <i>11</i>	Days	
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>				
Occupation <i>Inspector</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Clinton Wright</i>				Father's Birthplace <i>Carroll Co.</i>			
Mother's Maiden Name <i>Elsie M. Anderson</i>				Mother's Birthplace <i>md.</i>			
Name of person giving information <i>father</i>				How related to deceased			

CAUSES OF DEATH

4105

PHYSICIAN
OR CORONER

Primary <i>Enteritis - Cecitis -</i>	How long <i>5 mo.</i>
Immediate <i>Coma -</i>	How long <i>one day -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. R. McNamee</i>
	Address <i>Greenboro - Md.</i>
Accident or Suicide?	



Name
in
Full

Lemuel Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Spannersville</i> ^{Town} <i>Queen Anne</i> ^{County} <i>MARYLAND</i>											
Date of death	1907	Month	10	Day	23	Age	76	Months	—	Days	—
Sex	<i>male</i>		Color or Race	<i>American</i>		Birth-place	<i>Queen Anne Co</i>				
Occupation	<i>Farmer</i>		Where Residing if not at place of death		<i>—</i>						
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		<i>—</i>						
Father's Name	<i>Henry E. Wright</i>					Father's Birthplace	<i>Queen Anne Co</i>				
Mother's Maiden Name	<i>Charlotte Ann Pratt</i>					Mother's Birthplace	<i>Maryland</i>				
Name of person giving information	<i>J. A. Emany</i>					How related to deceased	<i>none</i>				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Arteriosclerosis</i>	How long	<i>Several years</i>
Immediate	<i>Cerebral hemorrhage</i>	How long	<i>Seven days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i> Jas. R. Raley, M.D.</i>
		Address	<i>Croftsville Md.</i>
Accident or Suicide?			

